

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT
FORM A Page 1 of 5
 For use by Members, officers, and employees

2011 MAY 16 PM 3:52

 OFFICE OF THE CLERK
 U.S. HOUSE OF REPRESENTATIVES

MC

Martin Trevor Heinrich

202-225-6316

(Full Name)

(Daytime Telephone)

HAND DELIVERED

(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>NM</u> District: <u>1</u>	<input type="checkbox"/> Officer Or Employee	Employing Office: _____	A \$200 penalty shall be assessed against anyone who files more than 30 days late.
	Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VII.
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VIII.
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IV.	IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule V.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name Martin Trevor Heinrich

Page 2 of 5

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
Mid Region Council of Governments	Spouse Salary	N/A
New Mexico Sport & Wellness	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Martin Trevor Heinrich

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BLOCK A Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in an income derived from a federal retirement		BLOCK B Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	BLOCK D Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
SP	American Funds Euro Pac Growth	\$1 - \$1,000	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	P
	Cash Reserves	\$15,001 - \$50,000	INTEREST	\$1 - \$200	P
SP	Dreyfus Midcap Index	\$1 - \$1,000	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	
SP	Dreyfus Smallcap Index	\$1 - \$1,000	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	
	Fidelity Adv Consumer Staples	\$1 - \$1,000	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	
	Fidelity Adv New Insights	\$1,001 - \$15,000	DIVIDENDS//CAPITAL GAINS	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Martin Trevor Heinrich

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	Fidelity Adv Smallcap	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	
SP	Fidelity Advisor Consumer Staples	\$1 - \$1,000	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	
SP	Fidelity Advisor New Insights	\$1 - \$1,000	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	
SP	Fidelity Advisor Smallcap	\$1 - \$1,000	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	
SP	Fidelity Advisor Strategic Income	\$1 - \$1,000	INTEREST/CAPITAL GAINS	\$1 - \$200	
	Fidelity Strategic Income	\$1,001 - \$15,000	INTEREST/CAPITAL GAINS	\$1 - \$200	
SP	JP Morgan Equity Index Select	\$1 - \$1,000	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	P
	Scholars Edge 6-8 years portfolio	\$1,001 - \$15,000	None	NONE	P
SP	Valic Fixed	\$1 - \$1,000	INTEREST	\$1 - \$200	

SCHEDULE IV - TRANSACTIONS

Name Martin Trevor Heinrich

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	American Funds Euro Pac Growth	P	N/A	04-22-10	\$1,001 - \$15,000
	Cash Reserves	P	N/A	01-07-10	\$1,001 - \$15,000
	Cash Reserves	P	N/A	02-10-10	\$1,001 - \$15,000
	Cash Reserves	P	N/A	03-03-10	\$1,001 - \$15,000
	Cash Reserves	P	N/A	04-05-10	\$1,001 - \$15,000
SP	JP Morgan Equity Index Select	P	N/A	04-22-10	\$1,001 - \$15,000
	Scholars Edge 6-8 years portfolio	P	N/A	Monthly	\$1,001 - \$15,000
	SunAmerica International Equity	S	Yes	04-22-10	\$1,001 - \$15,000
	Vanguard 500	S	Yes	04-22-10	\$1,001 - \$15,000

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

Page 1 of 6

HAND DELIVERED

CHIEF OF STAFF RESOURCE CENTER

2011 MAY 13 PM 2:36

MC

Stevan E Pearce

202-225-2365

(Full Name)

(Daytime Telephone)

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Filer
Status

☒ Member of the U.S.
House of Representative

State: NM

District: 02

☐ Officer Or
Employee

Employing Office:

**A \$200 penalty shall
be assessed against
anyone who files
more than 30 days
late.**

Report
Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

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Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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SCHEDULE I - EARNED INCOME

Name Stevan E Pearce

Page 2 of 6

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Source	Type	Amount
LEA COUNTY STATE BANK	SPOUSE DIRECTOR FEE	N/A
LEA COUNTY BANCSHARES	SPOUSE DIRECTOR FEE	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Stevan E Pearce

Page 3 of 6

BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or	Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
College Sec 529 Plan Custom Choice	\$15,001 - \$50,000	None	NONE	
Congressional Federal Credit Union Washington, DC Bank Accounts	\$250,001 - \$500,000	INTEREST	\$5,001 - \$15,000	S(part)
Double Eagle Petroleum Co Stock	\$1,001 - \$15,000	None	NONE	
Exedra, LLC Equip Rental, Hobbs NM Stock Membership	\$250,001 - \$500,000	None	NONE	
Gree, LTD Equip Rental, Hobbs, NM Stock Membership	\$1,001 - \$15,000	Single Member LLC Income	\$15,001 - \$50,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Stevan E Pearce

Page 4 of 6

	Investment Land Turtleback Lot T or C, NM	\$100,001 - \$250,000	None	NONE	
SP	Lea County Bancshares	\$1,000,001 - \$5,000,000	Dividends & Interest	\$100,001 - \$1,000,000	
	Lea County State Bank Money Market Account	\$250,001 - \$500,000	INTEREST	\$201 - \$1,000	
	LFT, LLC Equip and Property Rental, Hobbs, NM Stock Membership	\$1,000,001 - \$5,000,000	RENT	\$100,001 - \$1,000,000	
	Trinity Industries, Inc Equip Rental, Hobbs, NM Stock Membership	\$5,000,001 - \$25,000,000	Rent, Dividends, Interest, & Capital Gains	\$100,001 - \$1,000,000	
	USAA Federal Savings Bank San Antonio, TX Bank Account	None	INTEREST	\$2,501 - \$5,000	S
SP	USAA SEP/IRA FDIC Ins Money Market Account	\$100,001 - \$250,000	None	NONE	
SP	USAA Simple IRA FDIC Ins	\$50,001 - \$100,000	None	NONE	
SP	Vehicles	\$15,001 - \$50,000	RENT	\$5,001 - \$15,000	
SP	Wells Fargo Bank Banking Stock	\$1,001 - \$15,000	None	NONE	

SCHEDULE IV - TRANSACTIONS

Name Stevan E Pearce

Page 5 of 6

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SP, DC, JT	Asset	Type of Transaction	Capital Gain In Excess of \$200?	Date	Amount of Transaction
	Congressional Federal Credit Union Washington, DC Bank Accounts (CD's)	S(part)	No	09/13/10	\$100,001 - \$250,000
	USAA Federal Savings Bank San Antonio, TX Bank Account (CD's)	S	No	09/17/10	\$100,001 - \$250,000

SCHEDULE VIII - POSITIONS

Name Stevan E Pearce

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Shareholder/President	Trinity Industries, Inc
Member	Exedra, LLC
Member	Gree, LTD
Member	LFT, LLC
Director	NM 4-H Youth Foundation
Director/President	Stevan & Cynthia Pearce Charitable Foundation

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

Page 1 of 2

LEGISLATIVE RESOURCE CENTER

2011 MAY 13 PM 1:13

Ben R. Lujan
(Full Name)

202/225-6190
(Daytime Telephone)

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

(Office Use Only)

Filer
Status

☒ Member of the U.S.
House of Representative

State: NM
District: 03

☐ Officer Or
Employee

Employing Office:
Rep. Lujan

Report
Type

☒ Annual (May 15) ☐ Amendment ☐ Termination

Termination Date:

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Ben R. Lujan

Page 2 of 2

BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source	Year-End Value of Asset	Type of Income	Amount of Income	Transaction
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<p>New Mexico Public Employees Retirement Plan, State Pension</p>	<p>\$15,001 - \$50,000</p>	<p>None</p>	<p>NONE</p>	
<p>Wells Fargo Bank Checking Account</p>	<p>\$1,001 - \$15,000</p>	<p>INTEREST</p>	<p>\$1 - \$200</p>	